

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) LSD/ADS Statistical Report					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA	<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING	ADMIN. GENERAL OTHER (specify)		
	<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY			
	<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE			
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly, plus Cumulative Report Semi-annually to EO/OL			6. DISTRIBUTION (No. of components not number of copies) Monthly-LSD and Branches, plus Semi-annually to EO/OL		
7. FORMAT (memorandum, form computer print-out, etc) LSD Format		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT LSDI 7-2		
10. PREPARING COMPONENT (include lowest level contributing information to report) Sections				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Work Sheets			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-14.1	\$9.44		3		\$28.32		12 \$339.84
GS-4.1	\$2.81		1		\$ 2.81		12 \$ 33.72
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$373.56	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. See summary sheet							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS		
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)					MAN-HOURS	DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE					STAT		
16. DATE OF INVENTORY 9 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Reports Officer, LSD/OL				18. EXTENSION	
FORM 112		Classification				(22-36-43)	